FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste, 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

CAMPAIGN DISCLOSURE BD

2012 OCT 17 AM 10: 19

COMMITTEE NAME (Must be same a	Treset 1	Onn	
1 4/ .	4		
Neal D Smith	for Supervisor		FORM
IMPORTANT: Indicate by # type of commit (1) Statewide/Legislative/Judge Standing (lee you are reporting for:	-	DR-2 DISCLOSURE
(4) County Central Committee (5) County	presention Candidate (2) Stele PAC (3) Stale Party Candidate (6) City Candidate (7) School Board or Other Politi City PAC (40) School Board or Other Politi		(Rev. 12/2009) REPORT
11) Local Ballot Issue	Candidate (6)City Candidate (7)School Board or Other Politi City PAC (10)School Board or Other Political Subdivision PA	AC (For Office Use Only
CANDIDATE COMMITTEES ONLY:			Comm. # 19647
Candidate Name	Political Partietts		Logged In
Neal D Smith	Political Party (If applicable)		Scanned
Office Sought		-	Compuler
Board Supervisor	District (If Senate or House)	-	Audiled
Late reports are subject to possible did an			
candidate's committee, and the chairperson	orminal penalties. Pursuant to lowa Code sections 688.32 , for any other type of committee, is the individual responsib	A(7) and 8	8A.401(3), the candidate, for a
	7	ne for ming	unlery and accurate reports.
That it should	241 45- 15 15		
SIGNATURE OF PERSON FILING REP	ORT <u>C4/.437.1868</u> TELEPHONE	_	10-12-12 DATE SIGNED
Manager and the state of the st	The state of the s		
IAM FILINGA 10 - 19	REPORT FOR (1) ELECTION		
(report data)	REPORT FOR (1) ELECTION	1/(2)NON-	ELECTION YEAR.
(opon auto)	Indicale by	# /	
TOTAL AMENOMENT TO REPOR	DATED	Local Com	miltees, enter Date of Election
Check if this is final (termination) report	t and attach Notice of Dissolution Form DR-3.		
(You must continue to file report	s until a DR-3 is filed)	County & L	ocal Commillees, enter County In
	,	MILICUL EIBC	don is held
STATEMENT OF		/	PPAN 005C
STATEMENT OF			
CASH ON HAND at the beginning of the re	eporling period. (Total of all funds held by the		
	st be zero if this is first report filed.)		
ADD TOTAL MONEY TAKEN IN	THIS BEDIOD	\$	
			c. 0
Schedule F: Loans Recoluded to	total (Altach Schedule A) (*also see In-kind below)	**********	320
Schedule H. Total Poles of C	al (Altach Schedule F)		-
	o sperify with a supplied the supplied to the		
Tochedule H applies to	Candidates' Committees Only)		
A10	SUB-TOTAL	\$	
SUBTRACT TOTAL MONEY SPI	IN THIS PERIOD		
Schedule B: Expenditures total (A	Attach Schedule B) (**also see debts and loans below)		241,50
Schedule F: Loan Repayments to	al (Allach Schedule F)	•••••••	641.
CASH ON HAND at the end of this reporting	period (if final report balance must be zero)	*********	
*IMPAID BULD (Fire Co.	period (if final report balance must be zero)	\$	58 50
ONPAID BILLS (From Schedule D - Attac	h Schedule D)	5	
The Contributions (From Schedu	le E - Attach Schedule F)		723.97
COTSTANDING LOANS (From Schedule	F - Altach Schedule F)	2	1 1 1
CHECK OWN (Schedule G	Atlached?)		VEO
ANDIDATE COMMITTEES ONLY:			YESNO
ALUE OF CAMPAIGN PROPERTY (From	Schedule H - Attach Schedule 11		
TATE COMMITTEES: Submit a recording	(Campaign account to a confidence H)	\$	
Odomic a recondied	campaign account bank statement in January of each y	year.	

For Instructions, See Back of Form	Reset Form SCH	REDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	4.	A ev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Neal D Smith For Supervisor		The state of the s	K THIS BOX IF IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 66B,32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	RECEIVED	√ IF FOR FUND- RAISER INCOME
7-25-12	ID# CK#	Bill Buss 40 = East maple Centerville. In 52.544	None	\$ 200	
7-26-12	ID# CK#	Centerville, In 52.544 Charlote Jared 2509 S. 31st Terrace Kansas City, Kansas 66106	sister	\$ ZO	
9-7-12	ID# CK#	IOWANS DOWNWIND SANDI Whitehill, Treasurer EXI'ME TOWN 50555	None	#z00	
	ID# CK#	** ** ** ** * * * * * * * * * * * * *			
	ID# CK#				
	ID#				
	CK#		i.		
- [ID# CK#				
		TOTAL (If last page	SUB-TOTAL	\$	
colocura law ragi	IFAC MANING COMMING	s to disclose the relationship of any relatives and associated as		\$ 320	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Revisionship must be shown to the third degree of consangunity (blood relatives) and affinity (relatives by marriage). If surname of continuous is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
(Rev. 07/03)	MONETARY EXPENDITURES
CHEC	K THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Neal D Smith for Sugar

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE	AMOUNT
EXPENDED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
Aug-7-12	Charle Check	0++UMWA Text & AWNING 635 W. Second Street 0++UMWE IA 52501	1 pr Meg Signs 25 IEXEY Signs x 8/Axdg	\$ 100.0
8-09-12	ID# 4936	I wa TRUST & Savings Bent Center ville Iown 525 44	Check 5 Neal D-Smith for Superavecr	13,50
9-10-12	ID# 4936 CK# 1001	Lockridge The 23602 Highway 5 Centerulle IA 58844	thip Board to make sight was Smith for Supervisor	32.4
8-24-12	1D# 4436 CK# 1002	DANN CO, INC Centaruille IA 52544	7- Shirts Deal Smith to Board . Supervisors	115,50
	ID# · CK#			
	ID# CK#			
	ID#			
1	ID#			

SUB-TOTAL

TOTAL (if last page of this schedule)

261.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventorled on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

> Page ___ _ of_

> > (for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTE	E NAM	E (Must be same	as on Stat	ement of Organization)		SCHEDULE	IN-KIND
Nenl	D	Smith	for	Supervisor		(Rev. 06/97)	CONTRIBUTIONS THIS BOX IF
					Reset Form	AMEN	DING FORM

RECEIVED	Control of the Second	RELATIONSHIP	DESCRIPTION	CONTRACTOR	
(MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTIO
5-21-12	Nex1 5 mith 19263 166+6 AUE 1945+16 IDUIN 52574	Can didate	7/12 × 4×8 036	NAME AND ADDRESS OF TAXABLE PARTY.	
9-15-12	Nexl Smith 19 203 1667h HUE MYSTIC ZOWA 52674	frky, jwrc	SPRAY PAINT for Signs 981 white Paint	30.03	
67-15-12	NEAL SMITH 19263 ILLTI AVE MYSTIC IOWA 52514	Can E. Late	Poster Neel Smith for Supervisor	16.70	
8-7-12	Neal Sm. +h 19213 116+4 400 Mystic Zown 52574	CAND, EOLE	May 5.415 25 12 424 5.41's & 5442	143,42	
8-29-12	Neal 8mith 19263 166 th HUE MYStic Ioun 50574	Coabifoli	CARBY For PATALES	123,26	
	Neal Smith 19213 166th HUE Mystic Iour 52514	Condidate	Cendy for parades	14. 93	
9-18-12	NEAL SMITH AVE 1926 JULTH AVE Mystic Iowa 52574	candidate	Coundy, Ballown's + Helium for parades	33.65	
-1812	NEXI SMITH 19203 164Th AUG Myslic Irua 50574	Cratical	Ren) South for Board Supervisor Ad IN PARM	66.00	
18-17 1	NEAL SMITH 19263 ILLTh AVE Mystic Zewn Jesty	Cantilate	Ser Buperviser Larger Ad IN Parer	\$2.50	
13 12 1	NEAL SINITH 9263 14614 AUF 175812 IAWA SEETY		Think you Al IN PAPER	33,00	
				559.64	
			TOTAL (if last \$ page of this schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Oct. 17.	2012	$M\Delta C N \cdot 0.1$	
000.11.	LVIZ	10.777	

Appanoose County Secondary Roads

No. 3118

FOR INSTRUCTIONS, SEE BACK OF FORM SCHEDULE E IN-KIND COMMITTEE NAME (Must be same as on Statement of Organization) (Rev. 06/97) CONTRIBUTIONS 5m. th for Supervisor CHECK THIS BOX IF AMENDING FORM Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE • (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
5-22-12	Nent Smith 19265 146th 1205 Mystic Zawa 56574	Condidate	Spray Print K 9Al white print for Signs	\$ 32,33	
10-12-12	Neal Smith 19263 166th Ave Mystic Zawa 52570	card Jaka	Add it PAPER Vote for Keel Smill For Supervisor	132.00	
·					
			SUB-TOTAL	\$ 144.33	
			page of this schedule)	723.97	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule E) Page _